



Last Updated: 03/09/2022

## Updates and Changes in the Processing of Medicare “Crossover” Claims - Effective May 1, 2006

On December 30, 2005 and on January 12, 2006, Virginia Medicaid sent out Medicaid Memoranda to all providers outlining changes in the processing of Medicare Crossover claims as a result of the Cost of Benefits Agreement (COBA). Virginia Medicaid began participating in the COBA crossover consolidation process on January 23, 2006.

To help ensure that we do not adjudicate a crossover claim for an incorrect provider, we have added an edit to our system to verify that the Tax ID number that is submitted on the crossover claim matches the Tax ID number associated with the provider we have identified when we use the Medicare vendor number as a cross-reference. We have been suspending and holding such claims for further research and possible provider contact. To date, approximately 4% of the crossover claims we have processed since January 23 have met this condition.

Our efforts to research these claims have often shown that our database contains outdated provider file information because either we have not received the correct or updated information from providers, or the Medicare claims are being submitted with incorrect information. In both cases, we think the claim is being adjudicated as correctly as possible with the information available to our system.

### Change in Processing



## MEDICAID MEMO

Effective May 1, 2006, we will begin denying crossover claims that have a Tax ID number discrepancy as defined above. The error code assigned will be 0885 - Tax ID Mismatch. An 0885 error will be reflected on an 835 electronic remittance as Group CO, adjustment reason 16, and remark code N209.

When you receive notification that a Medicare crossover claim has been denied for error code 0885, this can mean one of two things.

1. The correct Medicaid provider number was determined based on the Medicare vendor number on the claim, but the Tax ID number on the claim and in our database did not match, so one of them needs to be corrected.
2. The incorrect Medicaid provider number was determined based on the Medicare vendor number on the claim and the claim does not belong to you.

In either instance, you may verify the Tax ID and/or Medicare vendor number associated with your Medicaid provider number by contacting the First Health - Provider Enrollment Unit at:

First Health Services  
Corporation Provider  
Enrollment Unit

P.O. Box 26803

Richmond, VA 23261-6803

1-888-829-5373 (in-state)

1-804-270-5105 (out-of-state)



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If you receive information from your carrier or intermediary that your Medicare claim has been crossed over to Virginia Medicaid and it does not appear on a Medicaid remittance advice within 30 days, you should do the following.

1. Contact the DMAS "HELPLINE" [1-804-786-6273 (Richmond area), 1-800-552- 8627 (all other areas)] to determine why your claim did not get reported on a remittance advice.
2. Submit a claim to Virginia Medicaid. This can be done either by submitting a paper claim (UB-92 or DMAS-30 form) or by submitting an electronic 837 claim that indicates the Medicare adjudication results and shows Virginia Medicaid as the secondary payer. (Refer to Attachment A for further information on submitting an 837 claim with Medicaid as the secondary payer.).

### **Medicare Vendor # Submission**

To submit your Medicare vendor number to Virginia Medicaid, you should complete the Request for Title XVIII (Medicare) Information form and mail or fax the form to our fiscal agent's, First Health Services Corporation, Provider Enrollment Unit as soon as possible.

The form can be accessed at <https://virginia.fhsc.com/documents/WEBRequest-TitleXVIII.pdf>. You should submit a form for each Medicaid provider number.

### **Include Your Medicaid ID on Medicare Claims**

As discussed in our January 12, 2006 Medicaid Memo, to ensure your Medicare crossover claim is adjudicated for your correct Medicaid provider record, you should include your Medicaid provider number as a secondary identifier on the claim you send to Medicare. When a crossover



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claim includes a Medicaid provider number, the claim will be processed by DMAS using the Medicaid provider number rather the Medicare vendor number. Refer to Attachment B for specific instructions.

### **Special DMAS E-mail Address for Crossover Questions and Issues**

DMAS established a special e-mail address for you to submit questions and issues regarding the Medicare crossover process. Please send any questions or problems you may have to the following:  
[Medicare.Crossover@dmas.virginia.gov](mailto:Medicare.Crossover@dmas.virginia.gov).

### **ELIGIBILITY AND CLAIMS STATUS INFORMATION**

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

### **COPIES OF MANUALS**

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). Refer to the Provider Column to find Medicaid and SLH (State and Local Hospitalization Program) Provider Manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the



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printing and mailing of the manuals and manual updates requested.

## **"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273      Richmond area and out-of-state long distance

1-800-552-8627      All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.